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Art. I.—EFFICACY OF HYDRIODATE OF POTASSA IN THE CURE OF RHEUMATISM.

BY E. D. CONNOR, M. D.

Demopolis, November 24th, 1840.

Dr. R. Dunglison,

Dear Sir,—Allow me to add another to the many proofs of the efficacy of the Hydriodate of Potassa in the cure of Rheumatism.

Yours, respectfully,

E. D. Connor, M. D.

C. D. C—, aged 49, has for several years past been complaining of slight rheumatism in the right shoulder and arm, but in every other respect is in perfect health. Being of quite a sanguine temperament, and fond of good living, he allowed the disease to run its course until the last summer, when in the month of May he was taken with violent pains in both the upper extremities and left ancle, with great derangement of his general health, accompanied with great nervous irritability, so much so, indeed, as to render him almost a sleepless being. He applied for medical aid, and being in what is termed good circumstances, procured the best the country could afford. The whole list of remedies commonly used in the cure of this disease was run down, and no relief was obtained. In July I saw him in consultation with my former preceptor, who at the time was busily engaged in practice, and left the care of the case to myself; and having seen colchicum used by yourself with great good effect, I put him on the use of it, but derived no benefit from it. Much time passed in the use of various reputed remedies, and the patient grew worse daily, until about the middle of August, when he became almost helpless; and from the great nervous irritability his mind seemed to be failing, and was fast advancing into second childhood. I mention this to show that time had not done any thing towards the cure. On the first of September I was able to procure some of the hydriodate of potassa; I commenced the use of it in the proportion of thirty grains to the ounce of water, of which solution I gave him twelve drops three times daily, increasing a drop each day; when, much to my astonishment, in one week's time he was so far enabled to use his right arm as to shave himself, and in three weeks was entirely well, and has since that time enjoyed perfect health. When I last saw him, about ten days ago, he said that he never in his life felt better. I neglected to state above, that during the whole course of the disease, from May to September, proper attention was paid to diet.

Art. II.—MEDICO-CHIRURGICAL TRANSACTIONS.

Concluded from page 248.

The preponderance in number of the communications in the present volume are the pathological, which we shall now take in the order of their occurrence. The first comprises *Cases of Spasmodic Disease accompanying Affections of the Pericardium;* by Richard Bright, M. D., F. R. S., President of the Society, Physician Extraordinary to the Queen, &c. These cases are three in number; and in each of them the pericardium was seriously implicated; and it appeared to the author that the phrenic nerve was the more immediate means of communicating irritation to the spinal chord. In the first case, severe chorea came on after symptoms which bore a good deal the character of acute rheumatism. The patient died about the 16th day after the occurrence of the spasmodic symptoms; and on examination, the heart, pericardium, and contiguous part of the lungs, bore distinct marks of considerable recent inflammation.

In the second case, trismus, and convulsive affections, bearing sometimes a tetanic character, followed on acute rheumatism, and, in twenty hours from their attack, proved fatal. Severe inflammation was found in the chest, particularly on the pleura of its right side, and on the right side of the pericardium, down which the phrenic nerve runs.

The third case was one of much glandular disease in a female of 17, where *phthisis pulmonalis* was suspected; and where severe dyspnœa, resembling that of hysteria, supervened, and assisted in gradually wearing out the patient. Extensive glandular disease was found in the abdomen; but the chest and lungs were free from all tubercular deposit.

"The heart and pericardium formed a hard mass, firmly glued to the sternum by the white fungoid matter deposited in the anterior mediastinum, so that on raising the bone, they were round like a hard tumour attached within.

"The heart itself presented a curious specimen of disease: a thick layer of yellow malignant matter lined and covered the pericardium, both the portion attached to the heart and the reflected portion; the two deposits were strongly glued together in most parts, and were a quarter of an inch in thickness. In other parts the two layers were easily torn from each other. The phrenic nerve was seen on the right side, passing down, pressed upon, and almost imbedded in this diseased mass.."—P. 17.

A plate of the appearances is given. The alternation of chorea with acute rheumatism has been long known or suspected; and that pericarditis follows, and, through the medium of the phrenic nerve, produces in the spine that affection which gives rise to convulsive paroxysms, there is, he thinks, every reason to believe. He is not of opinion with some authors, that inflammation in or about the spine is necessary to the production of chorea.

In addition to the authorities referred to by Dr. Bright, it may be observed, that pericarditis, with choreiform symptoms, is mentioned by Dr. Craigie as having been observed by him, and also by Dr. Roeser, of Bartenstein. (Practice of Physic, vol. ii. book ii. chapter iii. § iii. p. 151.)

Memoir on Typhlo-Enteritis; or Inflammation and Perforative Ulceration of the Cæcum, and of the Appendix Vermiformis Cæci; by John Burne, M. D., Physician to the Westminster Hospital, Lecturer on the Practice of Medicine, &c. This paper may be regarded as a continuation of one on the same subject which appeared in the twentieth volume of the Medico-Chirurgical Transactions, and it contains several additional cases, in further illustration of the pathology of the cæcum and appendix.

The liability of the cæcum to have a lodgment of undigested substances in it, produces irritation and great disposition to symptomatic inflammation in this part of the alimentary canal; which latter, when it occurs, usually

terminates by resolution; the subsidence of the spasm and removal of the inflammation allowing the muscular coat of the cæcum to resume its functions. No instance of perforative ulceration of the cæcum from internal disease has occurred to the author; but perforative ulceration from without he states to be common, owing to abscesses resulting from perforation of the *appendix vermiformis* bursting into the cæcum. Several interesting cases are given of inflammation of the appendix, and perforative ulcerations of that portion of the gut, and their consequences. The author is of opinion that Dupuy has formed an erroneous conclusion, when he viewed the occurrence of abscesses bursting into the cæcum as having originated in its cellular texture, instead of being secondary, and consequent on perforative ulceration of the cæcum or its appendix. He does not conceive that there is any reason for supposing that inflammation of the mucous membrane of the cæcum can ever give rise to inflammation in the adjacent subcæcal cellular tissue.

Case of Carditis; by Thomas Salter, Esq., F. L. S., of Poole. The case occurred in a man of 50; and the principal symptoms were dull and heavy, but not lancinating, pain in the lower part of the chest, rather inclining to the left side; very severe oppression and distress in breathing, increased at intervals, but never quitting him; a frequent and small pulse; inability to lie down, and a feeling as if he could not live. There was no cough, nor sign of pulmonary affection, and frequently considerable uneasiness in the left upper arm. The symptoms continued to a certain extent for about six weeks; but they were most severe and alarming for sixty-five hours only before death.

On examination, the heart was found to be rather larger than natural, and of moderate firmness; large white or yellowish coagula were contained in the cavities; and commencing ossification was discovered in the ascending aorta, but no disease in the lining membrane of the heart, or in the valves. The muscular substance of the left ventricle was of a light yellow hue and fibrous texture; and exhibited purulent matter at the surfaces of the various sections that were made in it. In some parts, small cavities filled with purulent matter were found, varying from the size of a pin's head to that of a small pea.

The pericardium exhibited "unusual vascularity," which was attributed by the author to inflammation; though there was neither on this nor on the surface of the jejunum, (which was likewise stated to be much inflamed,) any effusion of coagulable lymph, which might have been expected to appear under such circumstances.

On the Softening of Coagulated Fibrine; by George Gulliver, F. R. S., Assistant Surgeon to the Royal Regiment of Horse-Guards. The author's object in this paper is to ascertain the differences which exist between various modifications of animal matter and pure purulent matter; and he has been able to infer, that softened fibrine, which has generally been regarded as a purulent fluid, is, notwithstanding, of an essentially different character. His experiments and observations were made on fibrine from the heart; on that obtained from venous blood by agitation; on the fibrinous concretion formed by inflammation on the pleura of a dog; on softened fibrine in the heart and aorta; and on softened fibrine in the veins. His general deductions are the following, viz.

"1st. That coagulated fibrine, when removed from the body and subjected to a blood heat, commences to soften in about forty hours, assuming the colour and consistency of pus, but easily distinguishable from it by microscopic and chemical examination.

"2d. That the purulent-like fluid found in the fibrinous clots of the heart and arteries, and so frequently in the veins, is essentially distinct from pus, and analogous to, if not identical with, softened fibrine.

"3d. That the softening of coagulated fibrine is an elementary pathological condition of frequent occurrence, distinct from suppuration, and constituting a considerable proportion of the cases generally denominated suppurative phlebitis.

"Lastly. I may observe, that I have frequently found pus mixed in considerable quantities with the pulpy fibrinous matter; and in two instances some purulent globules were observed, completely insulated, in the centre of a clot, from the neighbouring tissues. But in both these cases pus was also detected in the blood; and when it is considered how frequently this contamination exists, it will not appear surprising that the particles of pus should become entangled in coagula contained in the vessels. Nor does this circumstance at all invalidate the conclusion, that the softening of coagulated fibrine is a disease of much interest and importance, quite distinct in its nature from suppuration, although the two affections have been generally regarded as identical."—Pp. 151, 152.

It is a particular source of gratification so often to see, that gentlemen who are connected with the public medical service, have talents and disposition to employ that leisure which peace affords them, in useful inquiries for the improvement of their profession. The general taste and acquirements of the profession in the public service, as well as in civil life, have fortunately much increased of late years; and the country owes very important obligations to Sir James Macgrigor, the Director-General of the Army Medical Board, for his efficient and successful endeavours to raise the character of army medical men, by the superior education required of them, and by that cultivation of the collateral sciences which they are encouraged to make, and which more effectually enables them to profit by the opportunities so extensively afforded them, both in active and quiescent service, of advancing the interests of science, and promoting the credit and usefulness of their profession.

Contributions to the Pathology of the Spinal Cord; by William Budd, M. D. This communication contains some very valuable cases from the author, from Mr. Busk, of the Dreadnought, and Mr. Granger, in illustration of the operation of the reflex function, as it has been termed, in man; and to show that the phenomena attaching to it take place in the human race just as in the lower animals.

When an animal is decapitated, and a stimulus applied to the surface of the body, the influence of that stimulus is applied to the spinal marrow, and being thence *reflected* to the motor nerves, causes, as is well known, contraction of various muscles. A similar effect the author found to take place in cases of paralysis arising from spinal affection.

In one of those cases, sensation in the lower extremities was nearly extinguished, and the power of voluntary motion entirely lost. But when any part of the limb was pinched or pricked, though there was a very trifling sensation produced by the act, the limb jumped up with great vivacity; the toes were retracted towards the instep; the foot raised on the heel; and the knee bent so as to raise it off the bed; the limb being maintained in that position for several seconds after withdrawing the stimulus, and then becoming suddenly relaxed. The tickling of a feather on the instep, though not at all felt by the patient, produced still more violent convulsions; and this always occurred with much force during defecation and micturition; some mechanical means being obliged to be employed to secure him during these acts.

In all the cases mentioned, the involuntary movements were of the same character as those observed in decapitated animals, and were quite independent of volition. They were not associated with a sense of fatigue, but the power which caused them was subject to exhaustion, and was renewed by rest. Heat was a powerful means of excitement; and strychnia, given internally, increased the susceptibility to involuntary movements, while

prussic acid and digitalis had a contrary effect. From a consideration of the fact, that the convulsions of tetanus are either capable of being produced or increased by impressions made on the skin and senses, the author is induced to consider it as proper to avoid, in this complaint, multiplying impressions, especially those of a painful kind, as leeching, cupping and blistering, or even purging. He thinks, also, that, as opium given to animals before decapitation renders the motor actions of the spinal cord more active and powerful, it is to be avoided in the treatment of tetanus, which may with more propriety be entrusted to the operation of hydrocyanic acid, conium, and digitalis.

Memoirs on some Principles of Pathology in the Nervous System; by Marshall Hall, M. D., F. R. S. L. and E. This is the first of a series of memoirs, which it is the intention of the author to communicate to the society, on the subject of nervous action under various circumstances of disease. It is entitled, *On the Condition of the Muscular Irritability in Paralytic Limbs*, and is to be followed by a second memoir, containing the author's deductions on the reflex action in certain cases of paralysis, tetanus, &c., and on the retrograde action in cases of disease of the spinal marrow.

In the present communication, the author enters at some length into an examination of the discrepancies of opinion which have taken place among the most distinguished authors, in relation to the existence (which some affirm and others deny) of irritability in the muscular fibres of paralytic limbs. Those discrepancies he considers as being amply accounted for, by the difference of the phenomena which occur in respect to *cerebral paralysis*, or that which removes the influence of the brain; and *spinal paralysis*, which removes that only of the spinal marrow.

Strychnine, when exhibited on paralytic patients, often manifests its powerful influence on the paralytic limbs, to the exclusion of the sound ones, though its power must have been supposed to be equally diffused down the spinal marrow along the nerves to the right and to the left, and therefore to the muscles which those nerves supply. It therefore appeared to him, that the irritability of the fibre, in the cases where the paralysed muscles were most affected, must have been augmented; and it is to this result that his experiments and observations lead. When there was cerebral paralysis only, he found that slight shocks of galvanism, which would produce no effect on sound limbs, agitated paralytic ones; whereas, if the disease arose in the course of the nerves, or within the lumber vertebræ, the muscles of the paralytic limbs were much less irritable than those of the sound.

"I visited a patient," says the author, "affected with hemiplegia, including paralysis of the face, and I passed a slight galvanic shock through two pieces of metal, of which one was placed over each cheek. The muscles of the paralytic side were most affected. I repeated the experiment with the same result. I now compared with these two cases of injury of the facial nerve, passing the galvanic shock in the same manner through the fibres of the orbicularis: it was now the muscle of the healthy side which was affected by the galvanism, the eyelid of that side being closed, whilst that of the paralytic side gaped as before. I next compared the effect of galvanism in two cases of complete paralysis of the arm, one hemiplegic, the other the result of dislocation of the shoulder. The muscles of the former were more, those of the latter less, irritable than those of the healthy arm respectively, as were also those of the arm of a patient affected with the paralysis induced by lead. Lastly, I compared the cases of paralysis of the lower extremities, one arising after pertussis, and therefore cerebral, the other, I think, from disease within the lumbar vertebræ: in the former there was augmented, in the latter diminished, irritability."—Pp. 203, 204.

The author concludes, therefore, that, "in cerebral paralysis, the irritability of the muscular fibre becomes augmented from want of the application

of the stimulus of volition; in paralysis arising from disease of the spinal marrow and its nerves, this irritability is diminished, and at length becomes extinct, from its source being cut off.

"We may further deduce," he continues, "from the facts which have been detailed, that the spinal marrow, and not the cerebrum, is the special source of the power in the nerves of exciting muscular contraction, and of the irritability of the muscular fibre; that the cerebrum is, on the contrary, the exhauster, through its acts of volition, of the muscular irritability.

"As a further deduction from the same facts, we may infer the diagnosis between cerebral and spinal paralysis: mere cerebral paralysis is attended by augmented irritability, whereas spinal paralysis is that which is attended by diminished irritability."—P. 205.

A Case of Enlargement from Melanoid Tumour of the Prostate Gland, in a Child of five years of age; by R. A. Stafford, Surgeon to the St. Mary-le-Bone Infirmary. The subject of this case had, for three or four months, an irritable bladder, with a continual wish to discharge urine; and a large and tumid abdomen. On the occurrence of entire inability to pass his water, and the appearance of a large tumour in the abdomen, which was found on examination to be a distended bladder, the elastic gum catheter was passed, and twenty-five ounces of natural coloured urine were drawn off. As accumulation took place rapidly, the catheter was left in the bladder; but the boy sank and died in eight days.

The bladder was found to be contracted to the size of a turkey's egg, and to have some purulent matter mixed with about one ounce of urine which it contained. The prostate gland was equal in size to the largest walnut, and had its third lobe about the magnitude of a hazel-nut, which is about the size of the whole prostate in a child of his age. It was encephaloid in colour, consistence, and texture, but one part of the cut surface was so dark as to present the appearance of their being melanotic, mixed with the encephaloid matter.

Case of Congenital Absence of the Pericardium, with observations; by T. B. Curling, Assistant-Surgeon to the London Hospital, &c. In this case, paralysis of the lower extremities arose from exposure to wet, and gradually extended upwards, producing, after some weeks, asphyxia and death.

The principal diseased appearance was ramollissement of the central part of the whole *medulla spinalis;* but on opening the chest, the heart was found to be completely exposed, lying loose in the cavity of the pleura, in immediate contact with the lung, but without any appearance of pericardium, except a slight sort of rudiment of one on the left side.

Cases are mentioned of the absence of pericardium, from Baillie and Breschet, and from Woolf, Walter, and some others; and the author considers the opinion of Dr. Baillie as far too restrictive, when he regards the use of the pericardium as being merely to keep the heart in a steady position; for it seems to him, that inclosure in a serous bag, separate from that of the lung, must be a great exemption from the effects of inflammation. It may be remarked, however, that deposits of lymph are not unfrequently found on the surface of the heart, without the previous production of any serious symptoms of an inflammatory nature.

On a Peculiar Form of Congenital Tumour of the Neck; by Cæsar Hawkins, Esq., Surgeon to St. George's Hospital. The author adverts to a great variety of encysted tumours which are occasionally found in infants; but directs his particular attention to a peculiar form of congenital tumour appearing in the face and neck, which is composed of many cysts united together, and having in them so large a portion of organised matter as to give them a solid character. In one of the cases mentioned by him, (there being seven in all,) when death took place, with excessive emaciation, at

the age of about three months, the tumour was on the right side of the neck, and about the size of a large orange. It was found to be "composed of a great number of small cysts, many hundreds, probably, varying in size from a pea to a walnut, closely joined together, and composed of delicate membranes, like very fine peritoneum, but in some parts covered by fibrous structure, giving the cysts the appearance of thin pericardium, and very few of them were so far insulated as to admit of being dissected out without cutting through others. The fluid in most of the cysts was transparent, with scarcely any trace of coagulable matter, but in others the contents were of every shade of red, even as dark as venous blood, but without any coagulum, and evidently only coloured secretion."—P. 238.

On pursuing the dissection, the cysts were found to be deeply imbedded in the surrounding substance, and to extend behind the pharynx and œsophagus; some as high as the basilar process, others as low as the sixth cervical vertebra. They were formed in the common cellular texture, and, from their inaccessible situation and intricate connection, presented little promise of benefit from an operation. The cysts did not exhibit much disposition to inflammation, and in one case, repeated punctures seemed, in about a year, to wear out the disposition to further secretion; to reduce the swelling to about a third of its original size; and to leave it a loose pendulous bag, principally composed of skin and fat.

Case of a Girl who voided from the Urethra a number of Entozootic Worms not hitherto described, with an Account of the Animals; by T. B. Curling, Assistant-Surgeon to the London Hospital, &c. With the assistance of Professor Owen, and Mr. John Quekett, the author has been able to give a very good account of the appearance and structure of these little animals, which he illustrates by lithographs taken from drawings made by himself. He refers them to the order Nematoidea of Rudolphi, in which they would constitute a new genus, whose character he thus describes:

"*Genus Dactylius.*—Corpus teres, elasticum, annulatum, et utrinque attenuatum, caput obtusum, os orbiculare, anus trilabiatus.

"*Dactylius aculeatus.*—Capite obtuso, toto corpore aculeorum serie multiplici armato, caudâ obtusâ et annulatâ.

"Hab. in Hominis vesicâ urinariâ."

The females were about four fifths, the males about two fifths of an inch in length.

The patient had been occasionally troubled with ascarides, after some pectoral complaints, and derangement of the intestinal mucous membrane. The worms were discovered in the urine after an attack of measles, which left her weak and much emaciated. After the use of small doses of the *Oleum terebinthinæ*, no more of them were observed, either living or dead.

The only two papers remaining to be noticed in this volume may be regarded as appertaining principally to the subject of obstetrics. The first is *An Account of a Fœtus of Seven Months, with its Placenta partially adherent to a Nævus, occupying the Scalp and Dura Mater;* by Robert Lee, M. D., F. R. S., Physician to the British Lying-in Hospital, and Lecturer on Midwifery at St. George's Hospital. No vascular union existed at the place of junction. The author refers to a few cases of a description somewhat similar.

The second is *On the Structure of the Corpus Luteum;* by Robert Lee, M. D., F. R. S. "The Graafian vesicle in the human ovarium is a small spherical pellucid sac, which contains a fluid, the ovum, and the granular substance in which it is imbedded. The vesicle itself always consists of two distinct coats, or membranous layers, which adhere firmly together. The external surface of the Graafian vesicle adheres loosely to the stroma

or proper substance of the ovarium, in which it is imbedded by soft cellular substance, blood-vessels, and nerves.

"Soon after impregnation, the coats of the Graafian vesicle and the peritoneum covering it give way by absorption, the contents of the vesicle escape, and between its outer coat and the substance of the ovary, the *corpus luteum* is gradually formed."—P. 329.

Doubts have, however, been entertained by physiologists as to the precise mode in which the formation of the *corpus luteum* takes place; whether it is produced by a thickening of the inner layer of the Graafian vesicle, or is an entirely new substance, deposited between its coats, or around its external surface; or even capable of being occasionally formed in the ovaries of women who have never been pregnant.

Some opportunities presented themselves to the author, of particularly examining ovaries in two months of pregnancy; and from these he had made the deductions in respect to the structure and formation of the *corpus luteum* which form the subject of his paper. On cutting into the left ovarium, in one of the cases mentioned, which was larger than the right, had a considerable prominence on its convex edge, and a small circular depression at the point of the prominence, into which a bristle could not be made to pass, the author found a *corpus luteum*, of an oval shape, and deep orange colour, with the Graafian vesicle in its centre, having its coats thickened and contracted, and readily divisible into two distinct layers.

"The outer surface of this cyst is so loosely attached by cellular tissue to the *corpus luteum*, that it can easily be separated from it. The *corpus luteum* itself varies from a line to a line and a quarter in thickness, and when examined with a magnifier, appears to consist entirely of small yellow globules or particles contained in cellular membrane.

"Around the outer surface of the *corpus luteum*, and completely investing it, there is a white layer varying in thickness, the outer part of which loses itself in the substance of the ovarium, of which it appears to form a part, and to be similar in structure, having the mouths of divided vessels distinctly perceptible, as in other parts of the substance of the ovarium. The inner portion of this white layer, which appears to be condensed stroma, is separable on the one hand from the *corpus luteum*, and on the other from the substance of the ovarium, so as to give the appearance of a distinct membrane, considerably exceeding in thickness both layers of the Graafian vesicle."—P. 332.

"As gestation advances, the deep yellow colour of the *corpus luteum* fades, and the Graafian vesicle in its centre contracts and assumes a peculiar white membranous appearance, with small bands passing outward through the substance of the yellow matter, like the radii of a circle."—P. 333.

Drawings are given to illustrate these appearances.

From the circumstances now mentioned, the author infers, that the *corpus luteum* is a substance formed round the outer surface of the Graafian vesicle, and has no capsule; that its yellow matter is in contact with the substance of the ovarium; that it almost completely disappears about three months after parturition; and that, though a substance much resembling it is sometimes found in the ovaria of persons who have never been pregnant, this is produced by morbid states of the Graafian vesicle, and the yellow matter found within that vesicle, and not around it. In women who have died during menstruation, (of which the author gives two examples,) appearances are sometimes observed, which might, without careful discrimination, be mistaken for true *corpora lutea*.

Art. III.—DIVISION OF THE MUSCLES OF THE EYE FOR STRABISMUS.

BY J. H. DIX, M. D., BOSTON.[1]

[The following cases have been recently published in the Boston Medical and Surgical Journal, by our intelligent correspondent, Dr. Dix.—Ed.]

Division of Internal Rectus.—October 16, 1840. Miss Mary M. C., æt. 23, of Boston, has squinted from birth with both eyes, the left being more decidedly turned in, the edge of the cornea of which frequently reaches the inner canthus. She can, on closing the right, turn the left out nearly as far as the other, but cannot keep it fixed there. Vision has always been weak, and she is conscious that this eye does not assist in seeing.

Drs. Reynolds, Jeffries, Hooper, Bethune, and Charles Ware were present. The eyes being small, and the patient very timid, I found it necessary to control the globe by fixing a double hook through the conjunctiva into the tunica albuginea, about a line and a half from the edge of the cornea towards the inner canthus. By this means the eye being fairly everted, a fine sharp hook was passed through the conjunctiva, and an incision made about half way between it and the double hook. A blunt hook was brought under the muscle, and a division made with scissors in the muscle about half an inch from the cornea, which Mr. Guthrie, whose large experience renders his authority decisive, says is preferable to a division of the tendon. On opening both eyes after the trifling hemorrhage had ceased, the left eye is observed to be straight, the squint of the right being as before. Apply compress wet with cold water. Keep both eyes covered.

17th. No pain, but complains that the eye feels heavy. Bandage removed.

22d. There is a considerable fungous growth from the place of the incision, which is cut off with scissors.

30th. Miss C. has been working at her trade as a tailoress for several days past, and says that after the day's work she finds the eye somewhat turned in. In the morning it is straight. The fungous growth has reappeared, and requires to be touched with nitras argenti.

Nov. 18. Since the last date Miss C. has been obliged to apply herself sedulously to sewing, and the eye is turned in somewhat, a little more perhaps than the right, with which, as was at first stated, she squints a little. Still the eye is by no means so much turned in as before the operation; she has the privilege, as she terms it, of turning it out when she pleases, and finds it serviceable to vision, until it is fatigued by long use. She proposes to have the muscle re-divided when she has an opportunity of resting the eye for a time. The fungous growth has at length disappeared, and the redness at the inner canthus has diminished.

Division of Internal Rectus.—Oct. 16. Mrs. I., æt. 26, of Boston, squinted with the right eye at nine months of age, immediately after hooping cough. The squint is very decided, a portion of the cornea being hidden at the inner canthus. Drs. Doane, Dale, and Parkman being present, the operation was performed as in the preceding case, except that the patient possessing considerable fortitude, I dispensed with the use of the speculum and the double hook, with which in the first case the eye was turned out. She kept the eye steadily everted a little towards the inner canthus. On removing the instruments, the eye was found to be perfectly straight, and capable of turning inward very little. Compress wet with cold water to be constantly kept on the eye, both being covered at the same time. Light diet.

[1] Boston Medical and Surgical Journal, December 2, 1840, p. 265.

18th. Mrs. I. suffering no pain, and having had none except for about eighteen hours after the operation, and then not severe, I directed the eyes to be uncovered.

20th. Has had some pain, about as much as immediately after the operation, which may perhaps be attributed to her getting chilled by exposure to the night air while looking from the window at a fire. Renew application of cold water. Sulph. magnesia, ℥i.

21st. Eye comfortable. At several times since the operation she has had double vision for an hour at a time, but she has not observed it for three days past. Vision is much clearer and stronger than before the operation, and the only difference perceptible in the eyes, which are both perfectly straight, is, that the right cannot be turned to the inner canthus quite so far as the left.

Nov. 22. Eyes perfectly straight, and motions of both parallel, the right having a farther movement inward than immediately after the operation.

Division of Internal Rectus of both Eyes.—Oct. 17, 1840. Miss Sarah H., of Boston, squinted from birth with both eyes, very badly with the left. On September 9th I divided the tendon of the internal rectus, which was followed by an amendment of the squint, which, however, after a few days, partially returned; and though now the cornea of this eye is not so far turned in as before, she at my request submits to a second division of the muscle. With the assistance of Mr. Stone, who held the lids open without using a speculum, I operated as in the former cases, omitting the double hook. Miss H. kept the eye steadily in the required direction, and upon removing the instruments and opening the other eye, this one is found to be perfectly straight. Right eye to be bandaged and the left turned outward.

Oct. 22. The left eye continues to be perfectly straight, and she has control of its motions in every respect, except that she cannot turn it quite so far into the inner canthus as the right, which squints somewhat inward. The wound has healed, leaving a very slight thickening and redness of the conjunctiva.

Miss H. having expressed a wish to try the effect of the operation on the right eye, I performed, in presence of Drs. S. Keep, Dyer, Dale, and Salisbury, the operation as in the case of the other eye, except that the tendon of the muscle was divided near the globe. There was an immediate amendment of the squint, but not so complete a restoration as in the other eye. Left eye bandaged.

Nov. 23. Vision is much stronger than formerly, owing, I presume, chiefly to an improvement in the left eye, which, as well as the right, continues as last described; one straight, the other turned slightly in. All redness has disappeared from the left eye, and the place of the incision is observed only on close inspection.

Division of the Internal Rectus and Superior Oblique.—Oct. 23, 1840. Wm. Augustus S., æt. 18, of Salem, when four years of age had an inflammation of the right eye, during which the eye was for a long time kept bandaged, and acquired a strabismus convergens. Now the eye is so far turned inward as ordinarily to conceal not only the pupil, but nearly the whole of the cornea, it being, in short, the most decided inversion I have ever seen. Vision with this eye is exceedingly indistinct, patient affirming, at first, that it was blind. On further investigation, it seems that he can just discern the outlines of large objects with this eye at the distance of six feet. The loss of vision is partly to be accounted for by a slight opacity on the upper part of the cornea, but probably depends much more on the entire disuse of the eye for fourteen years. He can, by an effort of the will, turn it out nearly in front, but cannot retain it there more than a few seconds. It was therefore necessary to evert it by means of the double hook, the operation being in every respect like that in the first case. Drs. Channing, Putnam, Morrill, and

Hooper, and Dr. Gustine, of New Orleans, were present. Patient fainted as soon as the division of the rectus muscle was completed. On his recovery the eye was found to be considerably less turned, but still not straight, the squint being perhaps diminished one half. With the approbation of the gentlemen present, I then proposed the division of the superior oblique muscle, to which the patient assented. This was easily accomplished, without enlarging the incision or using the double hook, the eye being now sufficiently everted by the voluntary effort of the patient to bring the incision fairly in view. Passing the blunt hook under the conjunctiva at the upper extremity of the incision, it was readily brought round the tendon of the superior oblique, bringing it fairly into view, so as to be divided with the scissors. The eye immediately inclined slightly outward. He has still the power of turning it a little inward. A compress wet with cold water on the right eye; both eyes to be kept shut.

Oct. 27th. Has had no inflammation beyond the limits of the incision, which seems to be occupied by one large, smooth granulation, not sufficiently prominent to give him uneasiness or to require any application. He often speaks of the increased ability of seeing objects on his right by the aid of this eye, the vision of which he thinks is improving. He is, however, obliged to cover it when exposed to a strong light, an intolerance which must be owing to the continued absence of it, and will gradually abate. The eye is straight, and the axes of the two parallel, except when he is looking far to the right, when the right eye inclines a little to the outer canthus. He returns home, with direction to close the left eye occasionally, and exercise the right, especially in the rotation of it inward; a motion which he can perform to a much greater extent than could be expected after the division of these two muscles.

Nov. 18th. I have not seen Mr. S. since Oct. 27th; but now learn, from his father, that the eye is perfectly straight, and more tolerant of light, though still red at the inner corner.

Division of Internal Rectus.—Nov. 5th. Miss Margaret M., æt. 24, of Boston, seventeen years ago had measles, followed by disease of the eyes, after which it was observed that both eyes squinted, the right very badly. Her mother thinks that in consequence of close application as a pupil, and afterwards as a teacher in school, the squint has been gradually growing worse. Now the right eye is turned so far in, that the edge of the cornea is usually hidden at the inner canthus, though it can be brought out at pleasure. Vision from this eye is not so good as from the left.

Drs. Perry, Wiley, Bartlett, Bethune, and Dorr were present. The lid was raised without a speculum, and the eye sufficiently everted by the patient to render the double hook unnecessary. The conjunctiva and cellular tissue, raised by the small sharp hook, were divided at one incision, with a small and slightly-curved knife. At the suggestion of Dr. Bethune, the lid was now suffered to close for a minute, the hook of course being removed from the conjunctiva. Upon raising the lid, the muscle was reached with the blunt hook as easily as in the preceding cases, and divided with the scissors. The eye became immediately straight. She has the left eye now bandaged, and is directed to turn the right eye frequently out, no application whatever being made to it.

This operation occupied not more than three minutes, including the time that the lids were closed, and was, I believe, less painful than usual, in consequence of removing the sharp hook and closing the eye before the muscle was taken up on the blunt hook. The curved knife is preferable to the straight one, inasmuch as a larger incision may be made with one cut, and when the lid is raised without a speculum, the curved knife is brought out at the upper part of the incision without interfering with the finger of the person who raises the lid.

6th. A slight tendency outward in the right eye, which may yet be

turned in by an effort of the patient. Very little pain, but a heavy sensation in the eye. To-day the eye operated on to be turned in as far and as often as possible.

7th. Eye straight, and to be left to itself uncovered. Double vision yesterday, and occasionally to-day.

17th. A slight inclination inward. Left eye to be bandaged, and the right turned forcibly out.

24th. The eye is now again straight, and has been so since last date. The wound in the conjunctiva is nearly cicatrised.

When speaking of an eye as perfectly straight, it is not meant that looking in some one direction, as, for instance, far to the right or left, a trifling want of correspondence in the axes of the eyes may not be detected by a close observer; but that, looking as the person ordinarily does, at objects in front of him, the cornea is midway between the inner and outer canthus, looking forwards. With this understanding, the results of the above six cases may be thus stated: In four the squint is removed, in two it is essentially improved. In every case vision is benefited more or less. In one of the successful cases a second division was made; and in one of the two partially successful cases the operation is to be repeated. The speculum was employed in three cases, and in three the lids were raised by the finger of an assistant. In two cases[1] the double hook was used to evert the globe, and in four it was dispensed with.

BIBLIOGRAPHICAL NOTICES.

Professor Huston's Introductory Lecture.[2]

The members of the class of the Jefferson Medical College acted with judgment in requesting a copy of Professor Huston's excellent lecture for publication. It was well for them to obtain in a more durable form the sound precepts and instruction of an able and favourite preceptor. The object of the professor was to lay before them a brief sketch of the interesting department entrusted to him in the school to which he is attached,—to give to the young obstetrical inquirer a sketch of the difficulties that beset him; and at the same time of the interesting and important nature of the trust that devolves upon him. On this subject we shall permit the estimable author to speak for himself:

"It is our good fortune to live, gentlemen, in an age which is unparalleled for the wide and rapid extension of every department of human knowledge. All the arts and sciences are now cultivated to an extent unknown at any former period. Nor in the revolutions which are going on around us, has the broad field of medicine been suffered to lie an uncultivated and barren waste. Certainly at no former time has the science presented an aspect so

[1] In one of these cases, it may be remembered, it was used only to evert the globe previous to the division of the internal rectus, the superior oblique being divided without it, after the division of the first muscle had enabled the patient to turn the eye partially out.

[2] Introductory Lecture to the Course of Obstetrics, and Diseases of Women and Children, in Jefferson Medical College of Philadelphia, for the Session of 1840–41. By R. M. Huston, M. D., Professor of Obstetrics and the Diseases of Women and Children in Jefferson Medical College, Senior Physician to the Lying-in Department of the Philadelphia Hospital, Fellow of the College of Physicians, and Honorary Member of the Philadelphia Medical Society, &c. Published by the Members of the Class. 8vo, pp. 22. Philadelphia, 1840.

interesting as at the present moment. Many of its cultivators are distinguished for bold inquiry and profound observation, and discoveries and improvements are the daily fruits of their labours. Chemistry, natural philosophy, mechanics, all the arts and kindred sciences, are aiding to accelerate its progress. The press teems with matter. Essays, full of learning and deep investigation, on nearly every important subject, pour in upon us from the various quarters of the globe, almost too rapidly to admit of being read.

"But every faithful picture presents its dark shades, as well as its beautifully coloured figures; and this is also true in the present instance. Many of the statements which are daily submitted to our notice have no better foundation than weak credulity or base imposture. Of the so called systems and theories which are pompously set forth to challenge our acceptance, not a few may be denounced as wild vagaries or groundless hypotheses; and while we are continually receiving, from all quarters, valuable additions to our stock of knowledge, we are deluged through the same channels with much that is calculated to mislead the young, and confound the inexperienced.

"In the short period usually allotted to the acquiring of a medical education, at least in this country, it is not to be supposed that a student can enter profoundly into the several branches; still less can it be expected of him to wade through the ponderous tomes and endless periodicals which emanate from the press, and select whatever is useful to be known, and reject that which is not. This task requires more time and attention than he can devote to any single subject, as well as a degree of experience and knowledge which can only be attained by riper years and personal observation. To his preceptors, therefore, the student must look for the means of supplying this deficiency; and especially to those to whom is assigned the important duty of giving public instruction on the several branches deemed essential to qualify candidates for professional usefulness.

"The branch which it is my duty to teach, allow me to say, lacks none of the interest possessed by the other divisions of our science. In improvement, it has kept pace with the rest—in importance, it holds equal rank with any. Entertaining this high estimate of it, it is my purpose, in the ensuing course, to press strongly on your minds the deep necessity of thoroughly comprehending its principles; and to enable you to do so, I shall neglect no means, within my power, of explaining and illustrating the material facts which constitute its elements, so that you may understand and appreciate their importance.

"Beside obstetrics, our course will embrace the consideration of the more important diseases of females and of infants during the month, both of which comprise subjects of the greatest interest.

"The lesions of the female organs, embraced within our range of study, are among the gravest that occur. Often concealed until concealment becomes impossible, the medical adviser is too frequently called only in time to witness ravages which he cannot stay, and to dispel the delusive hopes of a confiding patient. Under more favourable circumstances, however, delicate as is the structure of these organs, the disorders to which they are liable are not less amenable to the resources of our art than those of other important parts. It is especially in this department of our science that the labours of recent observers have most enlarged our knowledge.

"The extensive sympathetic derangements incident to pregnancy are sometimes exceedingly severe, and very seriously affect the health and comfort of the female, and that independently of any appreciable change of structure in the suffering organs. These cases, in various degrees of severity, being of daily occurrence, are frequent objects of the physician's care, and therefore constitute proper subjects for our consideration. One class of these, of which the uterus is the undoubted seat, are especially entitled to our most serious attention;—I mean the mental influences dependent on the irritations of that organ from gestation. The severer cases, in which reason

is entirely subverted, alarm at once the friends of the sufferer, and therefore receive the prompt assistance of our art; but it is the slighter rather than the graver forms of these affections, that claim our sympathy and regard.

"That man is but partially instructed in the business of his profession, who looks upon the practice of medicine as an art by which certain physical agents are brought to act upon the purely physical aberrations of the human frame, and is neglectful of those physico-moral influences that modify, and occasionally disorder, the functions of every vital organ, and the not less remarkable reaction of organic disease upon the mental energy and moral responsibility of the individual.

"Of the many causes of uneasiness and family disquiet which tend to embitter the current of domestic life, the most difficult of comprehension to common observers, as well as of correction, are those irregularities of temper and behaviour that result from the derangements of the uterine function.

"To yield to all the follies of a morbid appetite—all the requisitions of an habitual self-indulgence—would be a silly and very culpable weakness on the part of those on whom devolves the duty of administering advice and exercising control; but unquestionably much unhappiness in domestic life occasionally originates from the incapacity of those immediately interested to appreciate rightly the physico-moral failings of the suffering female. The irritability of temper, the unreasonable demands, the vitiated appetite, and various troublesome affections very commonly observed during gestation, and occasionally during temporary derangements of the menstrual function, are but rarely viewed by the young and inexperienced as the evidences of disease. Too frequently, on the contrary, they are looked upon as mere indulgences of self-will, and a vicious disposition. The present, however, is not the time for enlarging further upon this interesting subject. The sympathetic disturbances—the functional derangements which occur—will be fully explained when we come to consider the conditions of the organs from which they result."—P. 21.

MISCELLANEOUS NOTICES.

Pennsylvania Hospital. Dr. Harris and Dr. Edward Peace.—Dr. Thomas Harris, who has long and faithfully and gratuitously afforded his valuable services to this institution, has resigned his office; and Dr. Edward Peace, one of the Surgeons to the Philadelphia Hospital, has been appointed in his place.

On the Alterations which Nervous Fibres undergo after Division. By Professor Nasse, of Marburg.[1]—The results of the lengthened investigations which form the subject of this paper may be briefly stated.

In frogs, the natural average thickness of the filaments of the ischiatic nerve is 0·000416 inch; the majority are much smaller: the filaments of the posterior tibial are of about the same size; those of the brachial rather less, viz. 0·0003835. The smallest size observed was 0·00027 or 0·00028, and this was so common that the author is inclined to believe it to be the true diameter of all filaments unaltered by external influences, or at least of one kind of them. The limits of size were 0·00027 and 0·00045.

The filaments above the division, after it has healed (and usually about five months after the operation), are almost constantly larger than those below it. The average increase of size is 0·00005 to 0·00006.

[1] Müller's Archiv, 1839, Heft v. p. 405; and Brit. and For. Med. Rev., Oct. 1840, p. 553.

The average size of the filaments which are paralysed by the division is but little different from that of health; many months after the operation they are found only a little smaller. Their decrease in size is greatest when the animal is generally much emaciated; and is greatest of all when the main artery of the limb is divided at the same time as the nerve.

After destroying the connection of a nerve with the spinal cord, its filaments first lose their cylindrical appearance, and from wrinkling acquire a transversely striated appearance, so that they seem to be divided into a number of short pieces. Next, small fat globules form from the breaking up of the medulla, and the filaments become darker and more opaque. Afterwards these fat globules unite into larger drops, and then the walls of the nervous tubuli gradually diminish in their size.

The filaments that form in the substance by which the divided extremities are united are rather smaller than the old ones, but in all respects similar to nervous fibres; their average diameter is 0·000374.

Similar observations made on rabbits had very nearly the same results; but it was remarked, that as in warm-blooded animals generally the nutrition of all the tissues is more under the influence of the spinal cord than in the cold-blooded, so here the destruction of the divided nerves was much more rapid in rabbits than in frogs; and that although kept without food for five months in the most unfavourable season of the year, the latter gave evidence of much more energy of reparation than the former, which were well fed.

Although there was no doubt of new nervous fibres being formed between the extremities of the divided nerves, yet Nasse never found the motion or sensation return in the paralysed limbs, though he sometimes kept the animal for three quarters of a year. He imagines that in the cases in which others have seen such a restoration of power, the divided portions must have been at once placed in exact apposition, so that the filaments could not lose their oily contents; for he clearly determined that the least alteration in the structure of a filament is sufficient to destroy its conducting power.

On Cramp of the Tongue. By Dr. Hoffman, of Suhl.[1]—A person suffering from chronic gout came to me in great distress for my immediate assistance, saying that since the previous day he had had four attacks of such severe cramp of the tongue, that it had been completely rolled inwards towards the frenum. The frenum itself also was extremely painful. During the attack, which lasted from ten to fifteen minutes, he was unable to speak, and could only utter hollow expressions of pain; he felt also considerable constriction of the chest. As he was a full-blooded man, I ordered him to be largely bled, to abstain rigidly, to take nitre with ipecacuan and aconite, and to use as a gargle an emulsion with laudanum. He had only one slight attack after the use of these measures.

Case of Menstruatio Recidiva. By Dr. Petersen.[2]—A healthy woman, aged seventy-nine, was seized on the 26th of March with uterine pains; these lasting a few days, were terminated by a hemorrhagic discharge. On the 23d of April she was again affected in the same way, the discharge appearing on the 25th, and continuing four days. Since that period, (twelve months ago) she has regularly *menstruated.*

[There are several cases on record in which the menstrual periods have been regularly continued until seventy, eighty, and ninety years of age. It has been said (Locock) that such cases are not genuine cases of menstruation, but sanguineous discharges arising from uterine disease. But we have

[1] Medicinische Zeitung, June 3, 1840; and Brit. and For. Med. Rev., Oct. 1840, p. 557.

[2] Bibliothek for Læger, Feb. 1840; and Brit. and For. Med. Rev., Oct. 1840, p. 560.

at this moment a lady aged sixty-two under our care, who regularly menstruates without any symptom of uterine disease. A most extraordinary case, similar to that of Dr. Petersen's, is given by Velasquez, of Tarentum, of the abbess of Monvicaro, who, at the age of 100, after a severe illness, had a recurrence of the catamenia; and not only this, a new set of teeth and a fresh head of hair appeared!]

On the Itch in Adults and in Children. By Dr. Krause, Physician to the Poor in Dantzic.[1]—The chief object of this paper is to prove the inseparable connection between itch and the acari, which many have supposed to be only occasionally present in that disease. The author gives examples to prove, what we believe has not been before noticed, that the disease may exist in those who wash themselves very often, or who have very tough skins, without any eruption; the itching and the power of communication may be present, but no visible sign of the disorder may exist except the burrows of the insects. The following are his cases:

1. A journeyman tailor had three weeks previously slept with a comrade who had the itch. He came to me with a burrow in his left index finger, from which I drew out an acarus, and I then examined him most carefully, but could discover no trace of any further eruption.

2. A servant-girl, the skin on whose hand and forearm was scarcely inferior to leather in colour and thickness, complained of itching in it. By the side of the finger I discovered seven burrows, out of which I extracted three acari; but there was not a pimple or a vesicle to be found on the whole body.

3. A washerwoman, the mother of a numerous family, remarked that her two youngest children were constantly scratching themselves and had an eruption on their hands. She showed me the children, and they had distinct itch, but she denied having it herself; she allowed, however, that she had sometimes felt an itching in the fingers and arms, but she had never remarked any vesicle. This statement was correct, for on the fingers, which had a kind of varnished appearance from the constant action of the hot water and the soap-ley, I could find no eruption, though there were several burrows, from which I pulled out four acari. On further questioning, it appeared that the woman had long noticed these, but had thought nothing of them because there were no vesicles.

There are only two cases, the author says, in which one would not have a right to maintain that itch did not exist, when neither burrows nor acari can be found; namely, quite at the beginning of the disease, and when treatment has been employed for some days and the skin is partially scaling off, so as to destroy the burrows and the acari, but not the brood, which may soon after generate a new eruption.

If one has the luck to draw an acarus by daylight, one may easily be sure of his existence by cracking him on the thumb-nail; he makes a noise just like, though weaker than, that which his near neighbour the fair hexaped makes in the same circumstances. But if one brings him close to the flame of a candle, he bursts with a distinct snap.

[1] Casper's Wochenschrift, Juli 25, 1840; and Brit. and For. Med. Rev., Oct. 1840, p. 564.